Health Authority

Business Plan

and

Annual Report

Requirements

December 2, 1996

Alberta
HEALTH

Acknowledgements

Representatives from several Health Authorities worked with Alberta Health to prepare the *Health Authority Business Plan and Annual Report Requirements* document. Participants worked from draft components of the *Ministry of Health Business Plan for 1997-1998 to 1999-2000* to ensure links between the Ministry and Health Authority plans.

The provincial targets are based on those established in the Ministry of Health business plan. The requirements document was recommended to and accepted by Minister of Health Halvar Jonson.

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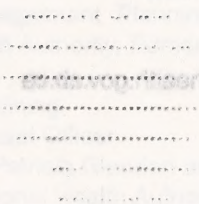

Regional Health Authority Business Plan and Annual Report Requirements

Table of Contents

HEALTH AUTHORITY BUSINESS PLAN AND ANNUAL REPORT REQUIREMENTS

1. Introduction

Vision
Alberta's future health system will provide Albertans with:

- *sustainable, publicly funded core health services built on the foundation of the Canada Health Act and its principles*
- *reasonable and timely access to quality health services*
- *access to information about their health, health services and resources available*
- *the opportunity to participate in any decisions about their personal health*
- *strong legal safeguards to protect individual privacy*

Life-long health for Albertans is influenced by a broad range of factors. The health service delivery system is only one of the factors. Public policy that supports health, healthy families and communities, healthy behaviours, good information and research, better coping skills, education, a clean environment and a strong economy all contribute to the overall well-being of society and the enhanced health of our citizens. The health sector will work together with the public and a broad range of stakeholders to achieve the vision of "Healthy Albertans in a Healthy Alberta."

This document provides information on the components required from health authorities for 1997-98 to 1999-2000 business plans and for annual reports for 1996-97 and 1997-98.

The business plan is an accountability document. It provides a statement of health authority responsibilities (core businesses) and the results to be achieved (goals). It indicates how the responsibilities will be carried out to achieve results (strategies), and how progress will be measured (performance measures). Once approved, the health authority business plan becomes an agreement between the Minister of Health and the health authority on what is to be accomplished and how it will be done.

Health authority business plans should be based on a broad definition of health, reflecting a determinants of health approach, which considers the influence of a range of factors on health status, as illustrated in the vision for Alberta's health system.

Health authorities are responsible for carrying out their business plans and explaining any variation between planned and actual performance. This is done formally in the annual report at the conclusion of the year. Performance during the year is monitored through on-going and ad hoc reporting processes. For example, quarterly financial reports will be required from all health authorities in 1997-98 immediately after the end of each quarter. In addition, information will be required routinely to keep the funding formula current for regional and province-wide services.

Health authority business plans and annual reports are submitted to and approved by the Minister of Health in compliance with legislation as follows:

- *Regional Health Authorities:* Government Accountability Act *and the* Regional Health Authorities Act
- *Provincial Mental Health Advisory Board:* Provincial Mental Health Board Regulation *authorized by the* Regional Health Authorities Act
- *Alberta Cancer Board: business plan submitted under the* Government Accountability Act*; annual report submitted in accordance with the* Alberta Cancer Programs Act.

The annual report is an important source document for developing the next business plan. It informs Albertans about both achievements and priorities for improvement that should be addressed in the next business plan. Developing business plans and reporting on the results achieved are key to establishing processes for continuous improvements in health services. Information from health authority business plans and annual reports is used in the development of the Ministry business plan. Business plans and annual reports are public documents. The complete plan and annual report are to be available to the public on request.

The requirements provide a provincial framework for development of business plans by the 17 RHAs and 2 Provincial Health Authorities. Shared goals link the strategies and operations of health authorities with the Ministry plan which sets strategic directions for the health system as a whole.

2. The Link Between Ministry and Health Authority Business Plans and Annual Reports

The Minister of Health is accountable to the Legislature for the overall direction and operation of the health system in Alberta. The Ministry business plan provides the vision, direction and goals for the health system; strategies that Alberta Health will implement to achieve the goals; and key performance measures that will be reported to assess results achieved by the system. Information about performance, progress toward the goals and areas for improvement is provided in the Ministry of Health annual report.

Subject to this Act and regulations, a Regional Health Authority
(a) shall
- *(i) promote and protect the health of the population in the health region and work towards the prevention of disease and injury;*
- *(ii) assess on an ongoing basis the health needs of the health region;*
- *(iii) determine priorities in the provision of health services in the health region and allocate resources accordingly;*
- *(iv) ensure that reasonable access to quality health services is provided in and through the health region; and*
- *(v) promote the provision of health services in a manner that is responsive to the needs of individuals and communities and supports the integration of services and facilities in the health region.*

Section 5, Regional Health Authorities Act

The requirements outlined in this document provide a provincial framework for development of business plans by the 17 Regional Health Authorities and two Provincial Health Authorities. The requirements are based on a draft of the 1997-98 to 1999-2000 Ministry of Health business plan. Provincially required goals are established in this document for all health authorities. These shared goals link the strategies and operations of health authorities with the Ministry plan which sets strategic directions for the health system as a whole.

The development of business plans provides opportunities for health authorities to work with each other, their communities, community health councils, professional/technical committees and other stakeholders. Broad-based consultations and involvement help define health needs and identify priorities for health and health services. They also provide input on how those priorities can best be met.

Health authorities are responsible for the delivery of core health services as defined in *Core Health Services in Alberta* and subsequent directives. Health authorities outline in their plans how core health services will be used to address health needs and priorities. They are responsible for choosing strategies that will achieve the shared goals set out by the Minister of Health and additional goals specific to the needs of the communities served.

Annual Reports show the results achieved on each provincial and regional goal identified in the corresponding year's business plan.

Health authority annual reports show the results achieved on each provincial and regional goal identified in the corresponding year's business plan. Performance information is provided to allow for assessment of progress in implementing strategies and achieving goals. Information contained in annual reports and information from many other sources helps make decisions about directions for future plans.

The health authority business plan and annual report requirements outlined in this document will meet, in part, the reporting and accountability requirements for health authorities as accountable organizations under the *Government Accountability Act*. Other ad hoc and ongoing reporting activities are still necessary.

3. Submission of Business Plans and Annual Reports

Business Plans

Draft Business Plan
Due January 30, 1997

12 copies - including 1 copy unbound
to Minister of Health

Final Business Plan
Due March 21, 1997

12 copies - including 1 copy unbound
- including disk with financial template
to Minister of Health

Annual Reports and Financial Statements

Audited Financial Statements 1996-97
Due June 30, 1997

Audited Financial Statements 1997-98
Due June 30, 1998

2 copies to Minister of Health

Annual Reports 1996-97
Due July 31, 1997

Annual Reports 1997-98
Due July 31, 1998

12 copies to Minister of Health

Business plans are to be concise documents of no longer than 15 to 20 pages. Detailed implementation plans and work plans are not required to be submitted. Health authorities may choose to release other documents that complement the business plan for a variety of audiences.

Draft health authority business plans are to be submitted to the Minister of Health by January 30, 1997. The Minister will provide comments on draft plans and any final requirements when the Ministry of Health business plan is released and the Government of Alberta budget is tabled. Health authorities can then proceed with any necessary adjustments to finalize their plans and provide them to the Minister by March 21, 1997. Draft and final business plans require approval by the health authority prior to submission.

Annual reports are required by July 31 and **audited financial statements** are required by June 30 following the end of the fiscal year to which they relate. The 1996-97 annual report is to be submitted to the Minister of Health by July 31, 1997. The annual report for 1997-98 is due to the Minister on July 31, 1998. The 1996-97 health authority audited financial statement is to be submitted to the Minister by June 30, 1997, and the 1997-98 financial statement is due June 30, 1998.

Quarterly financial reports with fiscal forecasts are now required immediately after the end of each quarter. Specific dates will be provided. These reports should highlight results for the quarter, how these compare to the budget for the same period, as well as a forecast of the results for the full fiscal year. Information on material variations, as well as progress toward meeting the business plan, also need to be provided.

4. Review and Approval Processes

Business Plans - Draft

The draft business plans will be reviewed to ensure all required components are included and to ensure that plans reflect strategic directions established for the health system. Supporting information will be of particular interest in considering the links between past performance, strategies and targets for improvement of performance.

Feedback regarding the draft business plan will be provided to the health authority chair by the Minister of Health.

Business Plans - Final

The Minister of Health will determine whether the business plan requires any further adjustments or whether it will be accepted as written. Health authority budgets are approved with the business plans. Approved plans will be tabled in the Legislative Assembly. Plans not approved will be returned to the health authority with a request for revisions and the date by which a revised plan is required.

Amendments to the approved final business plan and budgets can be made with the written approval of the Minister. If there are changes to government funding or to approved fees and charges during the year, health authorities may request that the Minister approve a new budget for inclusion in financial statements.

Financial Statements

Health authority financial statements are required by June 30 to be used in preparing the Ministry of Health annual report. If any issues are noted, Alberta Health will contact the health authority.

Annual Reports

Annual reports will be reviewed to ensure all required components are included. All performance measures and targets identified in the business plan are to be reported on in the annual report. Variations from plans and impacts on performance are assessed. Information from health authority annual reports is analysed by the Ministry for use in the next planning cycle. The Minister of Health may provide specific direction to health authorities based on results reported in annual reports or through ad hoc or other routine reports.

Required Components of Health Authority Business Plans

- *Statement of Accountability*
- *Vision*
- *Mission*
- *Core Businesses*
- *Challenges*
- *Goals*
- *Performance Measures*
- *Targets*
- *Strategies*
- *Supporting Information*
- *Financial Plan*

5. Components of Health Authority Business Plans

The components required for the 1997-98 to 1999-2000 business plans are similar to those for previous business plans. The requirements outlined in this document are written to apply generally to both Regional and Provincial Health Authorities. More specific requirements may be identified by the Minister of Health for individual health authorities, for example, in relation to province-wide services or in relation to improvement areas. Some requirements may be adjusted to apply to the Alberta Cancer Board and the Provincial Mental Health Advisory Board.

The **required components** that must be included in the health authority business plans are described below.

Required Statement of Accountability

This business plan for the three years commencing April 1, 1997, was prepared under my direction in accordance with the Government Accountability Act, Regional Health Authorities Act *and directions provided by the Minister of Health. All material economic and fiscal implications known as at _____ , 1997, have been considered in preparing the business plan.*

The _____Health Authority's priorities outlined in the business plan were developed in the context of the Ministry of Health's business and fiscal plans. I am committed to achieving the planned results laid out in this business plan.

Signed by Health Authority Chair

Statement of Accountability

- confirms the business plan was developed in accordance with appropriate legislative authority and government requirements
- signifies commitment of the health authority chair to achieve the results indicated in the plan
- uses the wording specified in the left margin

Vision

- must be consistent with and build on the Ministry of Health vision: "Healthy Albertans in a Healthy Alberta" (see page 1)
- focuses on the future health of Albertans and health system

Mission

- clearly states the reasons why the health authority exists
- describes how the health of Albertans will be different as a result of the health authority's actions
- relates how the health authority will work to reach its vision and contribute to the vision for health in Alberta
- mission of the Ministry of Health is: "to improve the health of Albertans and the quality of the health system." (Source: *Draft Ministry of Health Business Plan, 1997-2000*)

Required Core Businesses

1. *Assess health needs, determine health and health service priorities and allocate resources*
2. *Ensure access to core health services*

Core Businesses

- are brief statements of the health authority's responsibilities drawn from Section 5 of the *Regional Health Authorities Act* and apply broadly to Provincial Health Authorities
- two core businesses are defined for all health authorities as shown in the left margin
- additional core businesses may be identified by the health authority

Challenges

- identify issues and opportunities facing the health authority that need to be considered when developing goals, measures, targets and strategies for business plans

Required Goals

Goal 1.1: *Community members are involved in identifying health needs, health and health service priorities, and ways to address priorities.*

Goal 1.2: *Service priorities and resource allocations are based on evidence of health needs and effectiveness.*

Goal 2.1: *Health services are appropriate, accessible and managed to achieve the best value.*

Goal 2.2: *Albertans have information to make decisions about their health and health services.*

Goal 2.3: *Health of the population improves.*

Goals

- provide broad statements of desired results that are potentially attainable
- health authorities are required to include the goals set for the health system by the Minister of Health as shown in the left margin
- health authorities may add goals to address unique priorities and community needs that are specific to a region or to a provincial program

Performance Measures

- provide information about the achievement of a goal
- include indicators as well as more direct measures of change (see Appendix I for description of performance measures)
- information from performance measures is used to set priorities, adjust strategies, improve performance, and increase public understanding of how well the health system is performing
- business plan performance measures are used in the annual report to report progress in achieving goals

Performance Measures *provide information on progress in achieving goals. They are used to set priorities, adjust strategies, improve performance and increase public understanding of how well the health system is performing.*

Required Performance Measures

- performance measures designated as required relate primarily to RHAs and must be included in all RHA plans to allow for consistency and comparability of performance across all RHAs; some performance measures are equally relevant for provincial health authorities and must be included in their plans
- some performance measures will be developed jointly by Alberta Health and the health authorities over the course of the next year; health authorities will be asked to report results on these measures in their annual reports
- some performance measures apply only to highly specialized or province-wide services provided by a few RHAs
- at least one performance measure is required for each goal developed by a health authority

Required Performance Measures to be Defined by Health Authority

- other performance measures required to be defined by health authorities are to be included by all health authorities. Health authorities are required to develop the specific measures and establish targets for them.
- additional performance measures may be developed by the health authority to address specific areas of performance (see Appendix I for additional optional measures)

***Targets** specify the desired level of performance for a program or service and identify the desired direction for change.*

Targets

- specify the desired level of performance for a program or service, and identify the desired direction for change, typically involving improvement over the current state (eg. increase immunization coverage for mumps, measles, and rubella of 24-month-old children to 98%)
- at least one target for the region is required for each goal

Provincial Targets

- provincial targets quantify the average level of achievement to be attained for Alberta; each health authority is expected to contribute, usually by setting a target for improvement
- provincial targets have been provided in Appendix 1 as a reference for health authorities to use in setting their targets
- provincial targets are under development for some performance measures

Regional Targets

- health authorities are required to set regional targets for all performance measures, with the exception of measures that will be developed jointly over the next year

***Strategies** describe actions to be used to achieve goals and to address identified needs, issues and areas for improvement.*

Strategies

- are high-level descriptions of actions to be used by the health authority to accomplish goals and to address identified needs, issues and areas identified for improvement
- required strategies identify areas the health authority must address
- may include collaborative strategies with other regions, the Ministry of Health, other health providers or other partners
- include the year(s) the strategy is to be implemented
- identify links to relevant strategies included in previous business plans, eg. completion of a strategy initiated in 1996
- include strategies for any major changes to core health services to meet identified challenges
- address the implications of known capital approvals

Supporting Information
Includes the most relevant information from performance measures, evaluations, needs assessments and other sources to support the strategies identified.

Supporting Information

- demonstrates the link between strategies and the goals to be achieved
- includes data and information selected from performance measures, ongoing reports, surveys, community needs assessment, evaluation, research, technology assessment, annual reports and any other pertinent sources to substantiate the needs and strategies identified in the business plan by the health authority
- includes only the most relevant data or information to support the strategies identified

Financial Plan

- identifies anticipated sources and uses of financial resources to achieve the goals of the health authority
- includes an operating statement, information on cash, variance, deficit, surplus, debt elimination, capital assets, guarantees and indemnities (see Appendix II for detailed information)
- the actual sources and uses recorded by the health authority during the year are used to measure performance against the plan

6. Summary of Health Authority Business Plan Requirements

Provincial Requirements

Some specific business plan components have been identified provincially and are to be used by all health authorities. These are identified in the charts that follow and include:

- two core businesses
- five goals
- a consistent set of performance measures for health authorities
- provincial targets for use in setting health authority targets
- two specific areas for strategy development (Goal 2.1)

Required Components

All health authorities must complete the required components identified in the preceding section.

Optional Components

Health authorities may identify additional core businesses, goals, performance measures and targets to suit their specific circumstances.

Format

Health authorities can develop any format useful to present the business plan, as long as the required component titles are used and easily identifiable. The tables that follow provide a possible format. The business plan should be no longer than 15 - 20 pages.

The following tables summarize the required provincial core businesses, goals, performance measures, targets and strategies for health authority business plans. An example of a completed table is included for reference in Appendix V.

CORE BUSINESS 1: Assess health needs, determine health and health service priorities, and allocate resources.

GOAL 1.1: Community members are involved in identifying health needs, health and health service priorities, and ways to address priorities.[1]

PERFORMANCE MEASURES & TARGETS:

Required:

1.1.1 Number and type of consultations on health needs, priorities, and programs (surveys of staff, clients, providers, population groups; public feedback calls; focus groups; townhall meetings; public board meetings; etc)
Provincial Targets: To be determined

- Community Health Council assessments of their roles and impacts*

Required to be Defined by Health Authority:

STRATEGIES:

SUPPORTING INFORMATION:

[1] The term "health" should be broadly defined, reflecting a determinants of health approach, which considers the influence of a range of factors on health status, including income, social status, education, employment, physical environment, etc. (Refer to Vision section of Introduction)

* Required performance measure to be developed jointly by Alberta Health and the health authorities.

CORE BUSINESS 1: Assess health needs, determine health and health service priorities, and allocate resources.

GOAL 1.2: Service priorities and resource allocations are based on evidence of health needs and effectiveness.[1]

PERFORMANCE MEASURES & TARGETS:

Required:

1.2.1 Percent change in community and home-based expenditure (defined in FD13) relative to previous year
Provincial Targets: Increased community and home-based expenditure as compared with previous year (numeric target to be determined)

- Relationship of funding allocations to needs*

Required to be Defined by Health Authority:

1.2.2 Evidence that population health needs are assessed
Regional Targets: To be determined by each health authority

1.2.3 Evaluations of health impact, cost efficiency and client satisfaction with services and programs of particular focus for the health authority
Regional Targets: To be determined by each health authority

- Others

STRATEGIES:

SUPPORTING INFORMATION:

[1] "Evidence" means: relevant, accurate and timely information and data, including findings from research and technology assessment.

* Required performance measure to be developed jointly by Alberta Health and the health authorities.

CORE BUSINESS 2: Ensure access to core health services.[1]

GOAL 2.1: Health services are appropriate, accessible and managed to achieve the best value.[2]

PERFORMANCE MEASURES & TARGETS:

Required:

2.1.1 Public survey ratings of access and quality, and reported failure to receive needed care
Provincial Targets: At least 80% rate access easy or very easy; at least 90% rate service quality excellent or good; no more than 3% report failure to receive needed care

2.1.2 Home care clients and direct service hours by type of care per 1,000 population by age category
Provincial Targets: To be determined

2.1.3 Acute care average length of stay and number of separations, for region residents and for all others
Provincial Targets: To be determined

2.1.4 Long term care residents per 1,000 population age 65 and over, and 75 and over
Provincial Targets: 50 long term care residents per 1,000 population age 65 and over (target for age 75 and over to be determined)

2.1.5 Waiting time for cardiac surgery within acceptable standards, based on clinical evidence and in relation to need and levels of service use - other possibilities include, long term care placement, Community Rehabilitation Program, joint replacement, Magnetic Resonance Imaging*
Provincial Targets: Waiting time for cardiac surgery: 5-7 days for urgent in-patients, 2-3 weeks for urgent out-patients and a maximum of 3 months for planned out-patients (for Capital and Calgary Regional Health Authorities)

- Hospital-acquired rates of infection*
- Percent surgery performed as day surgery*
- Avoidable hospitalization for selected conditions*
- Rates for selected surgical procedures*
- Cardiac surgery rates*

Required to be Defined by Health Authority:

2.1.6 Service quality and access ratings by selected populations with specific needs and targeted for improvement by the health authority, for example ratings by aboriginals, seniors, individuals with disabilities
Regional Targets: To be determined by each health authority

- Others

STRATEGIES:

- Include strategies to address consumer concerns about services
- Include strategies to coordinate services (including children's and senior's services)

SUPPORTING INFORMATION:

[1] Core health services are defined in *Core Health Services in Alberta*, June 1994, and in subsequent directives.

[2] "Appropriate" means: based on consumer needs; consumer involvement in decisions making; consumer independence and self-reliance supported; consumer cultural values, dignity and privacy respected; quality standards and clinical practice guidelines met; positive health outcomes achieved.
"Accessible" means: core services available within reasonable distance/travel time; service information and assistance available; timely service; linked with other providers; consumer charges not a barrier.
"Best value" means: desired results are achieved at the lowest possible cost.

* Required performance measure to be developed jointly by Alberta Health and the health authorities.

CORE BUSINESS 2: Ensure access to core health services.

GOAL 2.2: Albertans have information to make decisions about their health and health services.

PERFORMANCE MEASURES & TARGETS:

Required:

2.2.1 Percent of population who do not smoke.
Provincial Targets: At least 75% of the population age 12 and over do not smoke

- Public survey items to assess self-rated knowledge of how to access the health system*

Required to be Defined by Health Authority:

STRATEGIES:

SUPPORTING INFORMATION:

* Required performance measure to be developed by Alberta Health and the health authorities.

CORE BUSINESS 2: Ensure access to core health services.

GOAL 2.3: Health of the population improves.

PERFORMANCE MEASURES & TARGETS:

Required:

2.3.1 Trends and comparison with best region, sub-region and provincial performance on population health measures, including: self-reported health status, life expectancy (where available by region), infant mortality, low birth weight, potential years of life lost
Provincial Targets: Self-reported health: at least 75% rate excellent to good (18-64 years) and 50% excellent to good (65+ years); Life expectancy: 77 years (male); 83 years (female); Infant mortality: 6.0 per 1,000; Low birth weight: 5.5% of live births; Potential years of life lost: to be determined

2.3.2 Standardized mortality ratios for selected causes of death: heart disease, stroke, cancer and injury (including suicide, homicide and accidents)
Provincial Targets: Standardized mortality ratio: 45 for deaths due to injury

2.3.3 Communicable disease rates, e.g. tuberculosis, vaccine-preventable, AIDS, STDs, food and water-borne diseases
Provincial Targets: E. Coli Colitis: no more than 4 per 100,000; Pertussis: no more than 18 per 100,000; Tuberculosis: no more than 4 per 100,000

2.3.4 Cervical and breast cancer screening rates in comparison with relevant incidence/mortality rates
Provincial Targets: Cervical cancer deaths reduced to 0; Mammography screening at 75% of target population (female 50+ years)

2.3.5 Childhood immunization coverage at age two
Provincial Targets: At least 95% of 2 year olds immunized to standard

Required to be Defined by Health Authority:

2.3.6 Changes in health status of selected populations identified by the health authority
Regional Targets: To be determined by each health authority

- Others

STRATEGIES:

SUPPORTING INFORMATION:

7. Health Authority Annual Reports

Elements of Health Authority Annual Reports

- *Letter of Accountability*
- *Organizational and Advisory Structure*
- *Contextual Information for Results Achieved*
- *Major Initiatives/Accomplishments*
- *Progress in Implementing Strategies*
- *Performance Measure Report*
- *Report on Capital Projects*
- *Challenges*
- *Financial Summary*

The health authority annual report is an accountability document submitted to the Minister of Health, and available to the public. It highlights the accomplishments, progress and results achieved over the year and explains any variation between planned performance and actual performance. The annual report is based on the health authority business plan for the first fiscal year of the three-year planning cycle; for example, the health authority annual report for 1996-97 is based on the health authority business plan for 1996-97 to 1998-99.

Reporting results achieved is an important part of the accountability cycle. The annual report also points to areas of strong performance and those needing improvement. The areas requiring improvement identify priorities to be addressed in subsequent business plans.

The following elements are to be included in health authority annual reports for both 1996-97 and 1997-98:

Required Letter of Accountability

I have the honour to present the annual report for the _____ Health Authority, for the fiscal year ended March 31, _____.

This annual report was prepared under my direction, in accordance with the Government Accountability Act, Regional Health Authorities Act *and directions provided by the Minister of Health. All material economic and fiscal implications known as at July 31, ___ have been considered in preparing the annual report.*

Respectfully submitted,
Signed by Health Authority Chair

Letter of Accountability from the Health Authority Chair

- confirms the annual report was developed in accordance with appropriate legislative authority and government requirements
- uses the wording specified in the left margin

Organizational and Advisory Structure

- identifies changes to the organizational and advisory structure described in the business plan
- includes an overview of the Community Health Councils: dates established, mandate, accomplishments

Contextual Information for Results Achieved

- provides an explanation of the environment in which results were achieved
- includes, but is not limited to, pertinent findings from community needs assessments and information about factors affecting the health of the population (health determinants)

Major Initiatives/Accomplishments

- highlights and summarizes major initiatives and accomplishments in the implementation of the business plan over the last year

Progress in Implementing Strategies

- lists all the goals and strategies from the health authority business plan, and indicates progress in implementing the strategies. This is presented in narrative form

Performance Measures Report

- includes information about the performance measures identified by the health authority in the business plan for each goal. In the 1996-97 annual report, the performance measures designated by the province must be included
- indicates areas of achievement, where results are satisfactory or exceed expectations for each goal, and areas for improvements to be addressed in the next plan
- provides an explanation for the differences between achievements and the targets established for business plan goals
- compares regional results with provincial results and addresses variances

Report on Capital Projects

- describes capital projects completed and/or in progress during the year

Challenges

- identifies areas to be addressed in the next planning cycle

Financial Summary

- includes audited financial statement
- is consistent with the financial directive sent out for that fiscal year
- includes budgeted and actual expenditures
- provides an explanation of significant variances where they occur, according to the following criteria:
  - per line item variance of $5 million or more
  - explanation of variances below $100,000 is not required
  - per line item variances of 10% or greater and $100,000 or more, where the budgeted amount accounts for 1% or more of the total budgeted Alberta Health contribution

APPENDIX I

HEALTH AUTHORITY BUSINESS PLAN PERFORMANCE MEASURES
1997/98 TO 1999/2000

GOAL 1.1	**Community members are involved in identifying health needs, health and health service priorities, and ways to address priorities.**
MEASURE TYPE	Required
MEASURE NAME	**1.1.1** Number and type of community consultations.
DESCRIPTION & RATIONALE	Health authorities are required to provide services in a manner that is responsive to individual and community needs. Consultations with the community, through various means, can result in decisions that are based on public input. This measure requires that these consultations be documented and reported.
PROVINCIAL TARGET	To be determined
DATA & METHOD	Evidence consists of documents that describe the method (including the number of persons and groups involved) and results of public consultations on health and health service issues affecting the authority. Any of the following methods may be used: surveys of staff, clients, providers or the public; public feedback on specific issues; focus group research; public input at townhall meetings or public board meetings.
REPORT	The Annual Report should report briefly on the number of persons and groups involved and the key results of these consultations.

GOAL 1.2	**Service priorities and resource allocations are based on evidence of health needs and effectiveness.**
MEASURE TYPE	Required
MEASURE NAME	**1.2.1** Community and home based expenditure in the current year relative to community and home based expenditure in the previous year.
DESCRIPTION & RATIONALE	This measure shows how health system resources are distributed toward appropriate alternative methods of delivery. It indicates the extent to which health services are increasingly delivered in home and community settings.
PROVINCIAL TARGET	Increase in expenditure, as compared with previous year (Numeric target for this increase to be determined)
DATA & METHOD	Definitions for community and home based expenditure are found in FD13. The measure to be reported is the percent increase over the previous year in community and home based expenditure.
REPORT	This measure is to be reported as a trend over several years (from 1994/95). Report with Measure 2.1.2
NOTES	For all health authorities, this percentage increase was: 14.7% in 1995/96. **Source:** Alberta Health Annual Report 1995/96

GOAL 1.2	**Service priorities and resource allocations are based on evidence of health needs and effectiveness.**
MEASURE TYPE	Required to be Defined by Health Authority
MEASURE NAME	**1.2.2** Evidence that population health needs are assessed.
DESCRIPTION & RATIONALE	A health needs assessment consists of gathering together existing and new information that describes the health and the health needs of the population. The assessment is conducted to provide facts on which decisions about programs, services, and resource allocation can be based. It is a basic planning resource.
REGIONAL TARGET	To be determined by each health authority
DATA & METHOD	Evidence consists of a report documenting the method and findings of the assessment of population health needs, including detailed documentation of new information developed as part of the assessment.
REPORT	The Annual Report should quote key findings from the health needs assessment report.

GOAL 1.2	**Service priorities and resource allocations are based on evidence of health needs and effectiveness.**
MEASURE TYPE	Required to be Defined by Health Authority
MEASURE NAME	**1.2.3** Evaluations of health impact, cost efficiency and client satisfaction.
DESCRIPTION & RATIONALE	This measure requires that an evaluation is to be conducted, on a program or service selected by the health authority, to determine unit costs, health outcomes, and client satisfaction for programs and services provided by the health authority. Information from the evaluation is to support better decisions and continuous improvement in the delivery of health services requires specific information relating the costs, health outcomes, and client satisfaction for the programs and services.
REGIONAL TARGET	To be determined by each health authority
DATA & METHOD	Evidence consists of a written report of the evaluation, including a description of the method and results, and a discussion of the findings.
REPORT	Key results should be incorporated into the Annual Report.
NOTES	Smaller adjoining regions may wish to work together on an evaluation of a program or service of mutual interest. Health authorities are encouraged to advise each other of their research plans, to facilitate collaboration and avoid unnecessary duplication.

GOAL 2.1	**Health services are appropriate, accessible and managed to achieve best value.**
MEASURE TYPE	Required
MEASURE NAME	**2.1.1** Public ratings of access and quality, and reported failure to receive needed care.
DESCRIPTION & RATIONALE	This measure consists of public views on broad issues such as accessibility and quality of care, and indicate how well the health system is providing service, overall. Changes in these views can indicate whether the system as a whole is improving in access and quality.
PROVINCIAL TARGET	Access: at least 80% rating access easy or very easy Quality: at least 90% rating quality of services received as excellent or good Failure: at most 3% reporting failure to receive needed care
DATA & METHOD	Information is produced from the Alberta Health Survey, conducted annually. (The complete report on the survey, including methodology and results, is made public by Alberta Health.) Data are responses to the following questions on the survey: Access: "How easy or difficult is it for you to get the health care services you need when you need them? Would you say it is: very easy, easy, a bit difficult, very difficult" Quality: [asked only of those who reported receiving services in the past 12 months] "Overall, how would you rate the quality of care you personally have received in the past 12 months? Would you say it was: excellent, good, fair, poor" Failure: "Over the past 12 months, were you ever unable to obtain health care services when you needed them? Yes, No"
REPORT	Annual trends and comparisons with the provincial average are to be reported.
NOTES	The Alberta Health Survey consists of a 10 minute telephone interview with 4,000 adult Albertans, selected randomly. Sample sizes within each health authority vary from 100 to over 600. Estimates from the smallest regions are accurate to within 10% or less, 19 times out of 20.

GOAL 2.1	**Health services are appropriate, accessible and managed to achieve best value.**
MEASURE TYPE	Required
MEASURE NAME	**2.1.2** Home care clients and direct service hours by type of care per 1,000 population by age category.
DESCRIPTION & RATIONALE	This measure reports on the provision of health services in the home, in three care categories: short term, long term, and palliative care. The health system continues to find ways to deliver needed health services in community and home settings (see Measure 1.2.1), in order to achieve best value.
PROVINCIAL TARGET	To be determined
DATA & METHOD	Data are provided by Alberta Health from the Home Care Information System, using standard reports. Rates per 1,000 population are based upon the Alberta Health Care Insurance Plan registration file.
REPORT	Results, showing annual trends, are to be included in the Annual Report, along with provincial comparisons. Results should be presented along with Measure 1.2.1, Measure 2.1.3 and Measure 2.1.4 to show how these program areas together meet health service needs.

GOAL 2.1	**Health services are appropriate, accessible and managed to achieve best value.**
MEASURE TYPE	Required
MEASURE NAME	**2.1.3** Acute care average length of stay and number of separations, for region residents and for all others.
DESCRIPTION & RATIONALE	This measure shows the acute care hospitalization average length of stay (ALOS) and shows changes over time in the number of hospital separations in the region. Lower ALOS indicates more efficient use of acute care facilities, which may be due in part to improved availability of alternatives to facility based care in the region.
PROVINCIAL TARGET	To be determined
DATA & METHOD	Data for acute care separations and total days stay are obtained from Health Records for in-patient activity. Population estimates are from AHCIP registration file. Average length of stay is calculated for all separations with total days stay less than one year; acute care patients with longer stays are excluded. Data are provided by Alberta Health, through CIHI.
REPORT	Annual trends for ALOS are to be reported in the Annual Report, along with provincial averages for comparison. Trends in hospital separations are to be reported both as counts and as percent change from the previous year.

GOAL 2.1	**Health services are appropriate, accessible and managed to achieve best value.**
MEASURE TYPE	Required
MEASURE NAME	**2.1.4** Long term care residents per 1,000 population age 65 and over, and 75 and over.
DESCRIPTION & RATIONALE	This measure shows the proportion of the population age 65 and older who are cared for in long-term care facilities. Lower numbers may indicate that alternative methods of care delivery are successful in enabling Alberta seniors to live independently in their own homes. Age categories are 65 and older, and 75 and older.
PROVINCIAL TARGET	At most 50 per 1,000 aged 65 and over Target for age 75 and over to be determined
DATA & METHOD **TARGET**	The number of long term care facility residents is determined annually through the resident classification system (RCS). Population estimates are from the AHCIP registration file
REPORT	Annual trends are to be reported in the Annual Report, along with the provincial average for comparison.

GOAL 2.1	**Health services are appropriate, accessible and managed to achieve best value.**
MEASURE TYPE	Required
MEASURE NAME	**2.1.5** Waiting times for cardiac surgery.
DESCRIPTION & RATIONALE	This measure shows the percent of persons waiting for cardiac surgery who obtain surgery within acceptable standards, in three priority categories: urgent in-patient (5-7 days), urgent out-patient (2-3 weeks), and planned out-patient (up to 3 months).
PROVINCIAL TARGET	Waiting time for cardiac surgery: 5-7 days for urgent in-patients, 2-3 weeks for urgent out-patients and a maximum of 3 months for planned out-patients (for Capital and Calgary Regional Health Authorities)
DATA & METHOD	To be determined
REPORT	To be determined

GOAL 2.1	**Health services are appropriate, accessible and managed to achieve best value.**
MEASURE TYPE	Required to be Defined by Health Authority
MEASURE NAME	**2.1.6** Service quality and access ratings by selected populations with specific needs and targeted for improvement by the health authorities, for example ratings by aboriginals, seniors, persons with disabilities.
DESCRIPTION & RATIONALE	This measure requires that an evaluation be conducted to obtain feedback from a subset of the population. The population for study should be chosen by the health authority because of some special concerns about access or quality of service.
REGIONAL TARGET	To be determined by each health authority
DATA & METHOD	Evidence consists of a written report of the evaluation conducted by the health authority, including a description of method, the results, and a discussion of the findings.
REPORT	The key results are to be reported in the Annual Report. Results on this measure should be presented along with the more general public ratings of quality and access (Measure 2.1.1)
NOTES	Smaller, adjoining regions may find it practical to work together on a research project of mutual concern. Health authorities are encouraged to advise each other of their research plans, to facilitate collaboration and avoid unnecessary duplication.

GOAL 2.2	**Albertans have information to make decisions about their health and health services.**
MEASURE TYPE	Required
MEASURE NAME	**2.2.1** Percent of population who do not smoke.
DESCRIPTION & RATIONALE	This measure is the percent of the population age 12 or over that does not smoke. The decision to begin smoking and the ability to quit smoking depend partly on relevant information and support for personal health decisions.
PROVINCIAL TARGET	At least 75% of the population age 12 and over do not smoke.
DATA & METHOD	Results from the Alberta Population Health Survey (conducted by Statistics Canada) will provide estimates for each regional health authority.
REPORT	To be reported in the Annual Report, along with provincial comparisons.
NOTES	Data available by early 1998.

GOAL 2.3	**Health of the population improves.**
MEASURE TYPE	Required
MEASURE NAME	**2.3.1** Population health measures.
DESCRIPTION & RATIONALE	The following measures are included: self-reported health status, life expectancy, infant mortality, percent low birthweight newborns, and potential years of life lost (PYLL) A small set of measures is required rather than a single measure to measure the health of the population.
PROVINCIAL TARGET	- life expectancy; 77 (male), 83 (female) - self-reported health; at least 75% (age 18-64) and 50% (age 65 and over) report excellent or very good health - low birthweight; at most 5.5% of live births - infant mortality; at most 6.0 per 1,000 - PYLL; to be determined Health authorities are expected to set their own improvement targets consistent with these provincial targets.
DATA & METHOD	Life expectancy Estimated using standard methods (see attached), from population projections estimated from the Canada Census, and Alberta deaths reported by Alberta Vital Statistics. Self-reported health Data are from the Alberta Health Survey, and are responses to the question: "In general, compared with other persons your age, would you say your health is: excellent, very good, good, fair, poor?" Low birthweight Live births with birthweight under 2500 grams, as a percent of the total live births. Health authority is determined by the mother's residence, not by the place of birth. Data are from Alberta Vital Statistics. Infant mortality Number of infants (under 1 year old) who die within the calendar year (multiplied by 1,000), divided by the number of live births during that same year. Health authority determined by place of residence. Data are from Alberta Vital Statistics. Potential years life lost (PYLL) For all deaths at age less than 75, PYLL is the sum of the difference, in years, between 75 and the age at death. PYLL is expressed as a ratio of total years lost per 100,000 population, for males and females separately. Data are from Alberta Vital Statistics.
REPORT	Trends and comparisons with provincial averages are to be reported.
NOTES	For some measures, several years of data must be combined in order to produce sufficiently reliable information for smaller populations.

GOAL 2.3	**Health of the population improves.**
MEASURE TYPE	Required
MEASURE NAME	**2.3.2** Standardized mortality ratios for cancer, heart disease, stroke, and injury (including suicide, homicide and accident).
DESCRIPTION & RATIONALE	Standardized mortality ratios (SMRs) are rates of death standardized for age and gender. They are the rates of death that would occur if each region had the same population structure (by age and gender) and their own rate of death for each major cause. Standardization allows comparisons among regions. Lower SMRs indicate improvement in the prevention, detection, and treatment of these major causes of death.
PROVINCIAL TARGET	SMR = 45 for deaths due to injury (including suicide, homicide and accident); Provincial targets for cancer, heart disease and stroke are to be determined
DATA & METHOD	SMRs are calculated from death statistics reported by Alberta Vital Statistics, and population estimates based on projections from the Canada Census developed by Alberta Treasury. Results are calculated and provided by Alberta Health.
REPORT	Trends are to be reported in the Annual Report, along with provincial averages for comparison

GOAL 2.3	**Health of the population improves.**
MEASURE TYPE	Required
MEASURE NAME	**2.3.3** Communicable disease rates: vaccine preventable, STDs, food and water borne diseases.
RATIONALE DESCRIPTION &	This measure selects from the list of notifiable diseases specific diseases that represent programs in childhood immunization, food and water quality, sexually transmitted diseases, and tuberculosis.
PROVINCIAL TARGET	Targets have been set for: E.Coli Colitis; no more than 4 cases per 100,000 Pertussis; no more than 18 cases per 100,000 Tuberculosis; no more than 4 cases per 100,000 Targets will be determined for the other diseases
DATA & METHOD	Notifiable diseases are reported to the Provincial Health Officer, who provides an annual summary (calendar year) of new cases in March of each year. Rates will be calculated based upon population estimates from the AHCIP registration file. The following rates are to be reported: E.Coli Colitis; Giardiasis; Gonorrhea; Hepatitis B; Mumps; Pertussis; Rubella (German Measles); Salmonella infections; Tuberculosis; AIDS
REPORT	Both the number of new cases and the calculated rate per 100,000 population are to be reported in the Annual Report. The provincial rate and the provincial target should be reported for comparison.

GOAL 2.3	**Health of the population improves.**
MEASURE TYPE	Required
MEASURE NAME	**2.3.4** Cervical and breast cancer screening rates, and cervical cancer deaths.
DESCRIPTION & RATIONALE	A PAP test (for cervical cancer) is recommended every 3 years for women age 15 and over. Mammography (for breast cancer) is recommended every 2 years for women age 50 and over. The PAP test is a highly efficient and effective test for pre-cancerous cells; detection and appropriate treatment can prevent all cervical cancer deaths.
PROVINCIAL TARGET	75% of women age 50 and over to have mammography screen for breast cancer every two years. 0 deaths due to cervical cancer
DATA & METHOD	The Alberta Population Health Survey (1996/97) will provide regional estimates for cervical and breast cancer screening rates. Data will be available early in 1998. Number of deaths due to cervical cancer are those reported by Alberta Vital Statistics.
REPORT	Cervical and breast cancer screening rates, and the number of cervical cancer deaths, are to be reported in the Annual Report.
NOTES	The feasibility of calculating screening rates directly from administrative files is under investigation.

GOAL 2.3	**Health of the population improves.**
MEASURE TYPE	Required
MEASURE NAME	**2.3.5** Childhood immunization coverage at age two.
DESCRIPTION & RATIONALE	This measure is the percent of the population of 2 year olds who have been appropriately immunized, according to Alberta standard: At 12 months: 3 doses DPT, 3 doses Hib, 2 doses IPV At 24 months: 1 dose of MMR, a fourth dose of DPT, IPV, and Hib.
PROVINCIAL TARGET	At least 95% of 2 year olds immunized to standard
DATA & METHOD	Immunization rates are calculated for the calendar year. Rates are based upon immunization statistics, and population estimates derived from Alberta Vital Statistics (births and deaths).
REPORT	Coverage rates are to be reported for DPT, MMR, Hib, and IPV (polio). The provincial coverage rate should be reported for comparison.

GOAL 2.3	**Health of the population improves.**
MEASURE TYPE	Required to be Defined by Health Authority
MEASURE NAME	**2.3.6** Health status of selected populations identified by the health authority
DESCRIPTION & RATIONALE	This measure requires that the health needs and health status of selected populations, identified by the health authority through a needs assessment or other means, be evaluated to show whether improved health outcomes are being achieved.
REGIONAL TARGET	To be determined by each health authority
DATA & METHOD	Evidence consists of a written report of the evaluation conducted by the health authority, including description of method, the results, and a discussion of the findings.
REPORT	Key results are to be reported in the Annual Report.
NOTES	Smaller adjoining regions may find it practical to work together on a project of mutual concern. Health authorities are encouraged to advise each other of their projects, to facilitate collaboration and avoid unnecessary duplication.

APPENDIX II

Financial Plan

Purpose
The purpose of the financial plan is to identify anticipated sources of financial resources to be used to achieve the goals of the health authority.

Where applicable, financial plans are to provide 1995-96 actual, 1996-97 forecast, and budget information for 1997-98 and 1998-99. It is anticipated that the financial plan portion of the business plan will be two to four pages.

Basis of Presentation
- use accounting policies outlined in the most recent financial statement directive (i.e. FD13 for 1996-97)
- use the most recent information on contributions to be made by Alberta Health, and Alberta Public Works Supply and Services
- use current rates for Minister of Health approved fees and charges
- only 50% of Out-of-Country Surcharge revenue is to be included in fees and charges. Health authorities will have to estimate their portion of the redistribution amount. This amount should be included in Alberta Health contributions
- any funding a health authority anticipates receiving from the Lottery Fund should be included in Other Government Contributions (but disclosed separately in your plan)

Operating
- provide information in Operating Statement format as outlined in the Appendix II template and submit on disk

Cash
- the following information must be provided in this regard:
  - cash generated from (used) by operations
  - summary of planned investment activities
  - summary of planned financial activities
  - expected cash position at the end of the year (including short term investments and net of bank indebtedness)

Variance Information
- include an explanation of any significant line item variances between 1997-98 budget and 1996-97 forecast
- refer to Financial Summary section of annual report requirements for definition of significant variance

Deficit and Surplus

- indicate plans to eliminate any deficit or to use any surplus which is forecasted, budgeted or targeted to be in excess of 1% of the Alberta Health contribution for that year
- "Deficit" is defined as a negative amount when summing unrestricted (available) net assets and health authority restricted net assets at the end of the fiscal year
- "Surplus" is defined as a positive amount when summing unrestricted (available) net assets and health authority restricted net assets at the end of the fiscal year

Debt Elimination

- indicate how the health authority will eliminate its total debt
- "Total debt" is defined as the sum of bank indebtedness plus the amount of long-term debt and capital lease obligations forecasted, budgeted or targeted to appear on the health authority statement of financial position at the end of the fiscal year

Capital Assets

- outline capital asset maintenance and replacement strategies. Replacement includes changes to reflect new technology
- provide a summary of the infrastructure used and owned by the health authority and the infrastructure required for operations
- indicate any significant changes to the use of assets and the reasons for the changes
- include any contemplated valuation write downs

Guarantees and Indemnities

- provide information on guarantees and indemnities and how any obligations which arise may be satisfied

HEALTH AUTHORITY BUSINESS PLAN
FINANCIAL PLAN TEMPLATE

1997-98 HEALTH AUTHORITY BUDGET ESTIMATES
(thousands of dollars)

	TOTAL FUNDS				OPERATING FUND				CAPITAL FUND			
	1995-96 ACTUAL $	1996-97 FORECAST $	1997-98 BUDGET $	1998-99 BUDGET $	1995-96 ACTUAL $	1996-97 FORECAST $	1997-98 BUDGET $	1998-99 BUDGET $	1995-96 ACTUAL $	1996-97 FORECAST $	1997-98 BUDGET $	1998-99 BUDGET $
SECTION A - OPERATING STATEMENT												
REVENUE												
Alberta Health Contributions	x	x	x		x	x	x					
Other Government Contributions	x	x	x		x	x	x		x	x	x	
Fees and Charges	x	x	x		x	x	x					
Net Ancillary Operations	x	x	x		x	x	x		x	x	x	
Donations	x	x	x		x	x	x		x	x	x	
Investment and Other Income	x	x	x		x	x	x		x	x	x	
TOTAL REVENUE	x	x	x	x	x	x	x	x	x	x	x	x
EXPENSES												
Facility Based Inpatient Acute Services	x	x	x		x	x	x		x	x	x	
Facility Based Emergency and Outpatient Services	x	x	x		x	x	x		x	x	x	
Facility Based Continuing Care Services	x	x	x		x	x	x		x	x	x	
Community & Home Based Services	x	x	x		x	x	x		x	x	x	
Diagnostic & Therapeutic Services	x	x	x		x	x	x		x	x	x	
Promotion, Prevention and Protection Services	x	x	x		x	x	x		x	x	x	
Research & Education	x	x	x		x	x	x		x	x	x	
Support Services	x	x	x		x	x	x		x	x	x	
Administration	x	x	x		x	x	x		x	x	x	
Amortization of Facilities and Improvements	x	x	x						x	x	x	
Write Downs	x	x	x						x	x	x	
Refund of Government Contribution	x	x	x		x	x	x		x	x	x	
TOTAL EXPENSES	x	x	x	x	x	x	x	x	x	x	x	x
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	x	x	x	x	x	x	x	x	x	x	x	x
Interfund Transfers	x	x	x	x	x	x	x	x	x	x	x	x
FUND BALANCES - BEGINNING OF YEAR	x	x	x	x	x	x	x	x	x	x	x	x
FUND BALANCES - END OF YEAR	x	x	x	x	x	x	x	x	x	x	x	x

x Indicates information required if applicable

Shaded area indicates classification or line does not apply .

NOTE: 1. REFUND OF GOVERNMENT CONTRIBUTION has been added to the Operating Fund.

NOTE : 2. WHERE HEALTH AUTHORITY HAS AN ENDOWMENT FUND, the following information is to be provided and included in total funds:

Revenue classifications - Donations and Investment/Other Income for 3 years (1995-96 actual, 1996-97 forecast and 1997-98 budget)

Total Revenue - all 4 years (to 1998-99)

Fund balances (beginning of year) - all 4 years (to 1998-99)

Fund balances (end of year) - all 4 years (to 1998-99)

APPENDIX III

INFORMATION AVAILABLE FROM ALBERTA HEALTH TO SUPPORT HEALTH AUTHORITY PLANNING

The following information is available to Health Authorities in a separate document entitled ***Information to Support Health Authorities' Three Year Business Plans 1997/98 - 1999/2000.*** Additions and changes to the data available may occur during the year. Please note that the data reflects what has been submitted to Alberta Health.

A. Population By Sex and Age Category, by Region (1990-95)

Population:
Population by Age Category, by Region (1995)

B. Population Health

Life Expectancy:
Life Expectancy at Birth and Age 65, by Region (1989-93)
Infant Mortality:
Total Live Births, Infant Deaths, Infant Mortality per 1000 Live Births, by Region of Residence (1990-92, 1993-95)
Low Birth Weight Births:
Total Live Births, Low Birth Weight Births, Low Birth Weight Births as a Percentage of Total Live Births, by Region of Residence (1990-92, 1993-95)
Potential Years of Life Lost:
Potential Years of Life Lost per 1000 Population, by Sex and Region of Residence (1990-92, 1993-95)
Mortality Rates:
Age Standardized Mortality Rates per 100,000 Population for Selected Causes of Death, by Sex, by Region of Residence (1993-95) Note: 1995 data is preliminary; 1990-95 final data will be provided when available
Notifiable Diseases:

- Incidence Rates per 100,000 Population of Selected Vaccine Preventable Diseases, by Region of Residence (1995)
- Incidence Rates per 100,000 Population of Selected Notifiable Food and Water-Borne Diseases, by Region of Residence (1995)
- Incidence of Sexually Transmitted Diseases by Region of Examination (1994, 1995)
- New and Cumulative AIDS Cases by Location of Examination (1980-95)
- AIDS Cases and Deaths in Alberta by Year Reported (1980-95)

Selected Cancer Screening Rates:
Cervical and Breast Cancer Screening Rates in comparison with relevant incidence/mortality rates Note: Data will be provided when available
Immunization:
Immunization Coverage Rates, by Region (1995)

C. Community and Home-Based Expenditures

Community/Home-Based Expenditures:
Community and Home-Based Expenditures as a Percentage of Total Expenditures (1994/95, 1995/96)

D. Home Care by Region of Residence

Clients by Age Category:
Home Care Clients per 1000 Population, by Age Category (1994/95, 1995/96)
Direct Service Hours:
Direct Service Hours for Home Care Clients per 1000 Population, by Age Category (1994/95, 1995/96)
Classification:
Number and Percentage of Long Term Home Care Clients, by Classification Category (A-G) (March 1995, March 1996)
Type of Care:
Number of Clients and Hours of Service per 1000 Population, by Type of Care, by Age Category (March 1995, March 1996)
Type of Service:
Number and Percentage of Home Care Clients Served, by Type of Service (1994/95, 1995/96)
Self Managed Care:
Number and Percentage of Home Care Clients Receiving Self-Managed Care (1994/95, 1995/96)

E. Long Term Care

Residents by Age Category:
Long Term Care Residents per 1000 Population, by Age Category (1993, 1994, 1995)
Classification:
Percentage of Long Term Care Residents, by Classification Category (A-G), by Region (1993, 1994, 1995)

F. Acute Care

Utilization:

- Percentage of Hospital Separations that are Readmitted, by Region of Acute Care Facility (1993/94, 1994/95, 1995/96)
- Percentage of Avoidable Hospitalizations for Selected Conditions, by Region of Acute Care Facility (1993/94-1995/96)
- Average Length of Hospital Stay for Newborns, by Region of Acute Care Facility (1993/94, 1994/95, 1995/96)
- Inpatient Separations and Total Days Stay per 1000 Population, by Age Category, by Region of Residence (1993/94, 1994/95, 1995/96)
- Percentage of Total Surgeries Performed as Day Surgery, by Region of Acute Care Facility (1993/94; 1994/95; 1995/96)

Import/Export:

Inpatient Separations, Total Days Stay, Average Length of Stay, with Breakdown by Region of Residence and by Service Location (1993/94; 1994/95;1995/96)

G. Selected Alberta Health Survey Results by Region of Residence (1995, 1996)

- Percent Reporting Their Health to be Excellent or Very Good
- Percent Reporting the Quality of Care Received as Excellent or Good
- Percent Reporting Very Easy or Easy Access to Health Services
- Percent Reporting They Were Unable to Receive Needed Care

APPENDIX IV

Optional Performance Measures

The following optional performance measures have been identified for each goal. These may be used, developed, or modified to suit the needs of the health authority.

GOAL 1.1 Community members are involved in identifying health needs, health and health service priorities, and ways to address priorities.

- public survey question(s) on perceived opportunity for general public input
- consultations or joint planning with other health authorities, other health providers, government agencies, or others, on projects or programs linked to achieving goals concerned with health or health determinants

GOAL 1.2 Service priorities and resource allocations are based on evidence of health needs and effectiveness.

- program, surgical and/or other procedure use rates in relation to need, for specific categories (statistical outliers may be used to identify service volumes potentially in excess of or insufficient to need)

GOAL 2.1 Health services are appropriate, accessible and managed to achieve the best value.

- acute care admission and re-admission rates for specified diagnoses (see Alberta Health annual report measures) and comparisons with other jurisdictions
- specified surgical and/or other procedure rates (statistical outliers may be used to identify inappropriate service volumes)
- compliance with selected clinical practice guidelines or with program/service standards
- costs relative to appropriateness and accessibility

GOAL 2.2 Albertans have information to make decisions about their health and health services.

- population knowledge of healthy lifestyles and factors affecting health

GOAL 2.3 Health of the population improves

- injury and/or disease incidence rates, and indicators of healthy lifestyles of relevance to the health authority

APPENDIX V

EXAMPLE

CORE BUSINESS 2: Ensure access to core health services.

GOAL 2.1 Health services are appropriate, accessible and managed to achieve the best value.

PERFORMANCE MEASURES & TARGETS:

Required Performance Measures:

2.1.1 Public survey ratings of access and quality, and reported failure to receive needed care
Regional Targets: Increase ratings of service access to 80% and quality to 90%; decrease reported failure to receive needed care to 3%

2.1.2 Home care clients and direct service hours by type of care per 1,000 population by age category
Regional Targets: To be determined

2.1.3 Acute care average length of stay and number of separations, for region residents and for all others
Regional Targets: To be determined

2.1.4 Long term care residents per 1,000 population age 65 and over, and 75 and over
Regional Targets: Adopt provincial target of 50 long term care residents per 1,000 population age 65 and over

2.1.5 Waiting times for cardiac surgery
Regional Targets: Decrease waiting time for urgent in-patient cardiac surgery from 10 days to 7 days

Required Performance Measures to be Defined by Health Authority:

2.1.6 Survey ratings by seniors of access to and quality of home care services
Regional Targets: Targets to be established after results of first survey

- Number of community-based service options
  Regional Targets: Increase from 8 options to 10 options

- Number of clients enrolled in a PACE-type managed care program
  Regional Targets: Increase the number of clients enrolled by 20%

- Number of early intervention programs available for children with developmental delays
  Regional Targets: Expand number of programs from 3 to 5

- Teenage birth rate
  Regional Targets: Decrease teenage birth rate by 10%

STRATEGIES

- Improve access to services for seniors:
  - implement a seniors' 1-800 line
  - improve coordination of home care services for seniors in lodges
  - implement a managed care program for the frail elderly based on the American PACE model
- Improve waiting times for urgent in-patient cardiac surgery
- Improve access to early intervention programs for children with developmental delays
- Implement a health promotion strategy to decrease teenage birth rate

SUPPORTING INFORMATION

- 55% of long term care residents have care needs classified as A and B
- average waiting time for urgent in-patient cardiac surgery in the region is 10 days
- 15% of babies in the region are born to teenage mothers

APPENDIX VI

REFERENCES

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